DLN: 93493206008612

2

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Internal	Revenue	Service	Fine organization may have to use a copy	or this return to satisfy	State reporti	ng requiren	ients	Inspection
A Fo	r the 2	2011 ca	endar year, or tax year beginning 01-01-2011	1 and ending 12-31-20	11	D Formula		dantification mumber
B Ch	eck if ap	oplicable	C Name of organization Operating Engineers Joint Apprenticeship			D Emplo	yer ı	dentification number
☐ Add	dress ch	ange	and Training Trust of Wyoming Doing Business As			83-01 E Telep h		
∏ Na	me char	nge	boiling business As					
┌ Init	tıal retur	'n	Number and street (or P O box if mail is not deliver	red to street address) Room/	suite			-1397
Г Теі	rmınated	1	4925 N Wardwell Industrial Avenue			G Gross	receip	ts \$ 317,956
┌ Am	nended r	eturn	City or town, state or country, and ZIP + 4					
Г _{Арі}	plication	pending	Bar Nunn, WY 82601					
		ľ	F Name and address of principal officer		H(a) Is	 this a group	reti	rn for
			· ·			liates?	71000	┌ Yes ┌ No
					U/h) A	-II -#:I:-+		
					1 ` ′	all affiliates		ided? Yes ✓ No st (see instructions)
I Ta	x-exem	pt status	「 501(c)(3)	4947(a)(1) or		oup exemp		
	ebsite	: :► N/A						
					<u> </u>			Morrison
K Fon	m of org	janization	Corporation Trust Association Other		L Year of	formation 19	9/3	M State of legal domicile WY
Pa	rt I	Sumi	nary					
Activities & Governance	- -	•	for journeyr		perating engineers			
್ 20	3 1	Number o	of voting members of the governing body (Par	t VI, line 1a)			з	2
ģ	4 1	Number c	of independent voting members of the governi	ing body (Part VI, line 1	b)		4	1
Activiti	5 1	otal nun	nber of individuals employed in calendar year			5	2	
	6 T	Total nun	nber of volunteers (estimate if necessary) .				6	
	7a ⊺	Total unr	elated busıness revenue from Part VIII, colu	ımn (C), line 12			7a	0
	b≀	Net unrel	ated business taxable income from Form 990	O-T, line 34			7b	
					Pı	rior Year		Current Year
g _i	8		outions and grants (Part VIII, line 1h)					0
î.	9	Prograi		524,		290,630		
Revenue	10		ment income (Part VIII, column (A), lines 3,	•	•	7,320		10,773
	11		evenue (Part VIII, column (A), lines 5, 6d, 8 evenue—add lines 8 through 11 (must equal l			2,	653	16,553
	12		· · · · · · · · · · · · · · · · · · ·		ille	533,	990	317,956
	13		and similar amounts paid (Part IX, column (A					0
	14	Benefit	s paid to or for members (Part IX, column (A), line 4)				0
ø	15		s, other compensation, employee benefits (P	art IX, column (A), lines	;	84,467		125,204
9 <u>5</u>	16a	5-10)	sional fundraising fees (Part IX, column (A), l	uno 11a)		84,46		123,204
Expenses				me i i e i e i e i e i e i e i e i e i e				
ă	17		Idraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ expenses (Part IX, column (A), lines 11a-11	d 11f 24a)	-	123,	676	168,254
	18		xpenses Add lines 13–17 (must equal Part			208,		293,458
	19		ie less expenses Subtract line 18 from line 1			325,		24,498
<u>ত</u>			,		Beginni	ing of Curre		End of Year
Net Assets or Fund Balances						Year		
Ω Ω Ω	20		ssets (Part X, line 16)			1,423,		1,729,369
de P	21		abilities (Part X, line 26)			<u> </u>	539	6,868
	22		sets or fund balances Subtract line 21 from l	line 20		1,421,	263	1,722,501
	rt II		ature Block rjury, I declare that I have examined this return,	in alreading a second		1 -4		an about t - f
know	ledge a ledge.	***** Signat	it is true, correct, and complete. Declaration of * * * * * * * * * * * * *					
			or print name and title	1				
Paid		Preparer's		Date	Check if self-employed	Preparer (see inst		payer identification number ns)
	Only If self-e		me (or yours ployed), and ZIP + 4 KELLER CPA LLC			EIN Þ		

ARVADA, CO 80003

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no 🕨 (303) 456-5664

1 0111	1990 (2011)				Page Z
Par	Check if Schedule O contains				F
1	Briefly describe the organization's mi	ssion			
_	Wyoming Operating Engineers Joint Ap		ust of Wyoming is c	reated and established fo	or the purpose of
	iding training for apprentice operating e				
2	Did the organization undertake any si	gnıfıcant program services di	uring the year whicl	h were not listed on	
	the prior Form 990 or 990-EZ? .				Yes 🔽 No
	If "Yes," describe these new services				
3	Did the organization cease conductin				- v - (7 h)
	services?				Yes V No
_	If "Yes," describe these changes on S				
4	Describe the organization's program sexpenses Section 501(c)(3) and 503 grants and allocations to others, the	(c)(4) organizations and sec	tion 4947(a)(1) tru	usts are required to repor	
 4a	(Code) (Expenses \$	128,395 including	grants of \$) (Revenue \$	290,630)
	Providing training for apprentice operating ei		-	, ,	, ,
	-				
4b	(Code) (Expenses \$	ıncludıng	grants of \$) (Revenue \$)
	-				
	-				
	-				
4c	(Code) (Expenses \$	ıncludıng	grants of \$) (Revenue \$)
	Oth an ana ana an an an an an an an an an a	n Cahadula O \			
4d	Other program services (Describe i (Expenses \$	n Schedule O) including grants of \$	١./	Revenue \$)
_				ive seline à	,
<u>4e</u>	Total program service expenses►\$	128,395			

Part IV	Checklist	of Rec	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Part V Statements Regarding Other IRS Filings	s and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			No
		5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		Νo
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	<u> </u>			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7£		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	,		
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	sources against amounts due or received from them)	, [
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
3	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		No
h	allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by			
ט	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
_	13c	ایرا		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		Nο

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Se	ction A. Governing Body and Management			
			Yes	No
	Enterthe combined for the consense of the consense had a table and of the term.			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	Yes	
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a		No
ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal		103	
	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	امما			
	organization's exempt status with respect to such arrangements?	16b		Νo
<u>Se</u> 17	List the States with which a copy of this Form 990 is required to be filed.			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

☐ O wn website ☐ A nother's website ☑ U pon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Board of Trustees

4925 N Wardwell Industrial Avenue

Bar Nunn, WY 82601 (307) 265-1397

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the org	janization nor any re	lated o	rganı	zatı	ons	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Tıtle	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Neal Teeples Trustee	1 00	Х						0	0	0
(2) Scott Norris Trustee	1 00	х						0	0	0
(3) Kenneth Reed Training Coordinator	45 00				х			79,666	0	31,649

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n on son er ai	e bo ıs b nd a	x, oth)	•	(D) Reportable compensatio from the organization (\) 2/1099-MISO	from related V- organizations	s	(F) Estima amount o compens from organizat relat	ated fother sation the ion and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		11130)		organiza	
1b	Sub-Total					•		▶					
С.	Total from continuation sheets			• •	•	•		•	79,6	66			31,649
d 2	Total (add lines 1b and 1c) . Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın	nited to	thos	e lıs	• ted	• above		•				31,049
3	Did the organization list any fori on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy •	ee, o	r highest comp	ensated employee	3	Yes	No No
4	For any individual listed on line in organization and related organization.					If "Y					4		No
5	Did any person listed on line 1a services rendered to the organiz								_		5		No
Se	ction B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio											
	Nar	(A) ne and business add	dress							(B) escription of services		(C Comper	

\$100,000 of compensation from the organization $\blacktriangleright 0$

	Form 990 (2011) Page 9 Part VIII Statement of Revenue									
Part	/111	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514			
# # F	1a	Federated campaigns 1	.a							
ă our	b	Membership dues 1	b							
ts, €	C	3	с							
<u>=</u> ,ਰ,	d	Related organizations 1								
Ã. E.S	e		e							
ig ig	f	All other contributions, gifts, grants, and similar amounts not included above	f							
# <u>#</u>	g	Noncash contributions included in								
Contributions, gifts, grants and other similar amounts	h	Innes 1a-1f \$ Total. Add lines 1a-1f	▶	0						
			Business Code							
enu,	2a	Employers Contributions	611710	290,630	290,630					
Es Se	ь									
Program Serwce Revenue	С									
Ser.	d									
Ē	e									
Ď	f	All other program service revenue								
<u>~</u>	g	Total. Add lines 2a-2f		290,630						
	3	Investment income (including divide	 	10,773			10,773			
	4	and other similar amounts) Income from investment of tax-exempt bond		0			10,773			
	5	Royalties		0						
		(ı) Real	(II) Personal							
	6a	Gross rents								
	b	Less rental expenses								
	C	Rental income or (loss)								
	d	Net rental income or (loss)		0						
	7a	(1) Securities Gross amount	(II) Other							
		from sales of assets other								
	ь	than inventory Less cost or								
		other basis and sales expenses								
	C	Gain or (loss)								
	d 8a	Net gain or (loss)	· · · · · · •	0						
enne	Oa	Gross income from fundraising events (not including \$ of contributions reported on line 1c)								
Other Revenue		See Part IV, line 18	a							
the	ь		ь							
0	C	Net income or (loss) from fundraising	, t	0						
	9a	Gross income from gaming activities See Part IV, line 19	a							
	b c	Less direct expenses Net income or (loss) from gaming ac	tivities	0						
	10a	Gross sales of inventory, less returns and allowances .								
	ь	Less cost of goods sold b								
	С	Net income or (loss) from sales of in		0						
		Miscellaneous Revenue	Business Code	2 50-	2.53					
	11a	Wyoming Building Trades	611600 900099	3,606	3,606					
	b	Reimbursements	900099	3,347 9,600	3,347 9,600					
	d	All other revenue	900099	9,000	9,000					
	e	Total. Add lines 11a-11d								
	12	Total revenue. See Instructions .		16,553						
	1		I	317,956	307,183		10,773			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	neck if Schedule O contains a response to any question in this Part IX	<u> </u>		<u> </u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	111,316	27,829	83,487	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	3,360	3,360		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	10,528	1,819	8,709	
11	Fees for services (non-employees)	15,525		3,.33	
a	Management	0			
b	Legal	6,708		6,708	
				,	
с	Accounting	21,000		21,000	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	4,400		4,400	
12	Advertising and promotion	0			
13	Office expenses	3,004		3,004	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	8,459		8,459	
17	Travel	19,702	4,926	14,776	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	552		552	
20	Interest	0			_
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	47,272	40,982	6,290	
23	Insurance	7,578		7,578	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Postage and Shipping	100		100	
b	Licenses	3,934	3,934		
c	Heavy equipment maintenance	32,821	32,821		
d	Heavy equipment fuel and oil	12,724	12,724		
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	293,458	128,395	165,063	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	,			
	combined educational campaign and fundraising solicitation				vrm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 394,745 0 1 1 669.585 912.431 2 2 Savings and temporary cash investments 3 3 0 38.890 21.209 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 7 0 8 9 4.676 9 6.978 Prepaid expenses and deferred charges 806.861 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 207,352 315,906 b Less accumulated depreciation 10c 599,509 189,242 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 14 0 15 15 1,423,802 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,729,369 2,539 6,868 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 2,539 26 6,868 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,421,263 27 1,722,501 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 1,421,263 33 1,722,501 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1.423.802 1.729.369 34

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	317,95
2	Total expenses (must equal Part IX, column (A), line 25)	2			293,45
3	Revenue less expenses Subtract line 2 from line 1	3			24,49
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,4	121,26
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	276,74
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,7	722,50
Par	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		No

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DLN: 93493206008612

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

ntema	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.			Inspect	ion
	me of the organiz			Employ	yer identificati	on numbe	er
	erating Engineers Joir d Training Trust of Wy			83-02	19499		
Pa			lvised Funds or Other Similar Fu			Complet	te if the
	organız	ation answered "Yes" to Form 99	,				
	T-1-1		(a) Donor advised funds	(b)	Funds and oth	eraccou	nts ———
1 2	Total number at						
3		ributions to (during year) ts from (during year)					
4	Aggregate value	` ', '					
5		· '	sors in writing that the assets held in dono	or advise			
_			organization's exclusive legal control?			Yes	☐ No
6	used only for cl		donor advisors in writing that grant funds efit of the donor or donor advisor, or for an		ourpose	┌ Yes	┌ No
Pa		-	ıf the organızatıon answered "Yes" to	Form 9	990, Part IV,	line 7.	
2	Preservation Protection Preservation Complete lines	of natural habitat on of open space	ganization (check all that apply) on or pleasure)	ertified h	nistoric structu		a
	easement on th	ie last day of the tax year	Γ		Held at the E	nd of the	Year
а	Total number o	f conservation easements		2a			
b	Total acreage r	restricted by conservation easements		2b			
C	Number of cons	servation easements on a certified his	toric structure included in (a)	2c			
d	Number of cons	servation easements included in (c) ac	equired after 8/17/06	2d			
3	Number of cons	servation easements modified, transfe	rred, released, extinguished, or terminate	d by the	organızatıon dı	ırıng	
	the taxable yea	ar⊫					
4	Number of state	es where property subject to conserva	tion easement is located ►				
5		ization have a written policy regarding the conservation easements it holds?	the periodic monitoring, inspection, hand	lling of vi	olations, and	┌ Yes	┌ No
6	Staff and volunt	teer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents duri	ng the year ►_		
7	A mount of expe ► \$		ng, and enforcing conservation easements	during t	he year		
8	Does each cons		(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
9	balance sheet,		onservation easements in its revenue and he footnote to the organization's financial nents				
Par			ns of Art, Historical Treasures, o Yes" to Form 990, Part IV, line 8.	or Othe	er Similar A	ssets.	
1a	If the organizat art, historical ti	cion elected, as permitted under SFAS reasures, or other similar assets held	116, not to report in its revenue statement for public exhibition, education or researc ancial statements that describes these its	h in furth			⊋,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research in				
	(i) Revenues ir	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	uded ın Form 990, Part X			► \$		
2		cion received or held works of art, histonts required to be reported under SFAS	orical treasures, or other similar assets fo S 116 relating to these items	r financia	al gaın, provide	the	
а	Revenues inclu	ided in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or Oth	<u>er Similar As</u>	sets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing t	that are	e a significant	use of its collect	ion	
а	Public exhibition		d	Γ	Loan	or exch	nange prograr	ns		
b	Scholarly research		e	Γ	Other	-				
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in hov	w the	y furthe	er the o	rganızatıon's	exempt purpose II	า	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								– Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organi	ızatıon		"Yes" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	edıary	forc	ontrıbu	itions o	r other asset	s not	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able			Λ	ount	
_	Regioning balance						10		Ount	
c d	Beginning balance Additions during the year						10			
e							16	-		
f	Distributions during the year						11			
	Ending balance	000 Dawt V I.m	- 212	,					- _V	
2a	Did the organization include an amount on Fo	•	e 21 /					ı	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				ad !!Va	a" ta [-a 000 D	art IV line 10		
Ра	Endowment Funds. Complete	(a)Current Year)Prior					(e) Four \	ears Back
1a	Beginning of year balance	(a) can concrete	<u> </u>	<u>,,</u>		(-,			(-)	
ь	Contributions									
С	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held	as					<u>.</u>		
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ▶									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that	are held	d and a	dmınıstered f	or the	Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(i	i)	
b	If "Yes" to $3a(II)$, are the related organizatio	•						3b		
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	art X	, line 1	<u>10.</u>	1			
	Description of property				ı) Cost o sıs (ınves		(b) Cost or oth basis (other)		(d) E	Sook value
1 a	_and						254,9	33		254,933
b i	Buildings						123,1	15,73	30	107,415
c l	_easehold improvements						110,6	29 39,79	8	70,831
d i	Equipment						302,3	72 136,04	2	166,330
	Other	<u> </u>					15,7	32 15,78	32	
Tota	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,), line	10(c).)					599,509
	,		/		. , ,			Schedule D	(Form 9	

Part VII Investments—Other Securities. See	Form 990, Part X, line 1:	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	-
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶		
3 Fin 49 (ASC 740) Footpote In Bart VIV provide the toy		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	317,956
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	293,458
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	24,498
4	Net unrealized gains (losses) on investments	4	-12,012
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	205,975
8	Other (Describe in Part XIV)	8	82,777
9	Total adjustments (net) Add lines 4 - 8	9	276,740
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	301,238
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	323,628
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	5,672
3	Subtract line 2e from line 1	3	317,956
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	317,956
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1 1	291,411
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	-2,047
3	Subtract line 2e from line 1	3	293,458
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	293,458
	rt XIV Supplemental Information		

additional information

Identifier	Return Reference	Explanation
•	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Net change in account receivable \$17683
•	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Unrealized gain in real property \$82777

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OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Schools

Name of the organization Operating Engineers Joint Apprenticeship and Training Trust of Wyoming **Employer identification number**

iu i i	alling rust of wyorling [83-02]	19499		
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its char other governing instrument, or in a resolution of its governing body?	ter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all brochures, catalogues, and other written communications with the public dealing with student admission programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast me the period of solicitation for students, or during the registration period if it has no solicitation program, i that makes the policy known to all parts of the general community it serves? If "Yes," please describe please explain. If you need more space use Part II	n a way	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondisc basis?	criminatory 4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public de with student admissions, programs, and scholarships?	alıng 4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		No
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			No
а	Students rights of privileges?			INO
b	Admissions policies?	5b		Νo
C	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	<u>5d</u>		Νo
е	Educational policies?	<u>5e</u>		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?			No
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through the proof Part II.			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Schedule E, Line 4 - Explanation of Records and Materials Not Maintained		The Trust does not solicit funds The Trust Fund primary source of revenue are employers contributions under collective bargaining agreements

Schedule E (Form 990 or 990-EZ) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization
Operating Engineers Joint Apprenticeship and Training Trust of Wyoming

Employer identification number

83-0219499

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The Operating Engineers Joint Apprenticeship and Training Trust WY Plan Document, Audit Report and Form 990 can be obtained at the Trust administrative office
Form 990, Part VI, Line 9	Form 990, Part VI, Line 9 Officer, Director, Trustee, Key Employee Mailing Address	Employer Trustee, Neal Teeples, Industrial Services, Inc. 590 Signal Drive Rock Springs, WY 82901
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Form 990 will be completed annually and copies will be provided to the Board of Trustees for approval. At that time the Board would review, the Form 990 with the Trust's auditor. Any necessary changes will then be updated on the Form. Once necessary changes are made and the finished Form 990 is approved, it will be signed by the Union Trustee, dated and submitted by the filing deadline.
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The Operating Engineers Joint Apprenticeship and Training Trust of Wyoming was formed by the International Union of Operating Engineers Local 800 and the signatory employers. The Trust is administrated through equal representation by Employer Trustees and Union Trustees.
Form 990, Part VI, Line 5	Form 990, Part VI, Line 5 Description of Material Diversion of Assets	The Operating Engineers Joint Apprenticeship and Training Trust of Wyoming adjusted the real property to market value and the building and equipment that were fully depreciated to salvage value

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DLN: 93493206008612

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization **Employer identification number** Operating Engineers Joint Apprenticeship and Training Trust of Wyoming 83-0219499

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5: contr organi	olled
						Yes	No
(1) IUOE Local No 800							
4925 N Wardwell Industrial Ave	Labor organization	WY	501(c)(5)		N/A		No
Bar Nunn, WY 82601 72-1583036							
(2) Wyoming Building Trades Council							
PO Box 1807	Intermediate Labor Organization	WY	501(c)(3)		N/A		No
Rock Springs, WY 82902 83-0238680	organization						
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 50	135Y		Schedule R (Fo	orm 990)	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.)		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

che	nedule R (Form 990) 2011		P a	ge 3
Pā	art V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	b Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	d Loans or loan guarantees to or for related organization(s)	1d		No
е	e Loans or loan guarantees by related organization(s)	1e		No
f	F Sale of assets to related organization(s)	1f		No
g	purchase of assets from related organization(s)	1 g		No
h	h Exchange of assets with related organization(s)	1h		No
i	i Lease of facilities, equipment, or other assets to related organization(s)	1 i	Yes	
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k	k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by related organization(s)	11		No
n	m Sharıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n	n Sharing of paid employees with related organization(s)	1n		No
0	o Reimbursement paid to related organization(s) for expenses	10		No
p	Reimbursement paid by related organization(s) for expenses	1р		No
q	q Other transfer of cash or property to related organization(s)	1q		No
r	r Other transfer of cash or property from related organization(s)	1r		No
_	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	—		

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

2 If the district to diff of the above is 1 es, see the instructions for information on who must complete this line, including covered relationships and district on the state of the control of the cont									
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved						
(1) IUOE Local No 800	ı	9,600	Cost						
(2) Wyoming Building Trades Council	с	3,606	Cost						
(3)									
(4)									
(5)									
(6)									

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	box managing lule K-1 partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
													·

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 83-0219499

Name: Operating Engineers Joint Apprenticeship and Training Trust of Wyoming

Form 990, Special Condition Description:

Special Condition Description